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## BIB DATA SHEET

CONFIRMATION NO. 8952

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/620,903	07/16/2003	705	3626	GM2:1004

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/396,883 07/17/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

09/08/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Verified and Acknowledged	/KRISTINE K RAPILLO/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	TX	15	27
					5

**ADDRESS**

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**TITLE**

System, method and apparatus for direct point-of-service health care by a pharmacy benefit manager

<b>FILING FEE RECEIVED</b> 522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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